CLARK COUNTY RISK MANAGEMENT
Physician Disability Statement

Employee's Name | PRNR | Department / Division | Date of Injury

Date of Visit______________ ☐ First Report ☐ Interim Report ☐ Final Report

CURRENT WORK STATUS: ☐ Full Duty ☐ Modified Duty ☐ Off Work

PHYSICIAN'S FINDINGS

Diagnosis ICD9 Code (No Narrative): ______________________

RETURN TO REGULAR WORK: **May return to full duty on____/ ____/ ____**

MODIFIED DUTY:
May return to modified duty on ____/ ____/ ____ with the following restrictions (check ✔ as applicable):

☐ No lifting over ____0 _____10___ 20___ 35_____50 lbs.
☐ No Repetitive Bending / Pushing / Pulling
☐ No Repetitive Motion to Injured Part:
Body Part__________ ______________ ___
☐ No Reaching / Working above Shoulder
☐ No Climbing: _____ Ladders ____ Stairs ____ Steep Terrain

☐ No Fire Suppression, Rescue or Paramedic Activities (Firefighters)
☐ No Altercation / Law Enforcement Situations
(Law Enforcement / Corrections)
☐ Released to Work with Medication
☐ No Operating a Motor Vehicle
☐ Other: ____ Eye Patch ____ Keep Injury Clean ____ Must Wear Splint / Sling

Comments: ____

____

Employee's restrictions are: ☐ **Temporary** ☐ **Permanent**

OFF WORK:
Employee is Temporary Totally Disabled from _____ / _____ / _____ to _____ / _____ / ____
(These dates should not start before this treatment date o r extend past next appointment date.)

☐ Discharged, Permanent and Stationary
☐ Request Referral to ______________________________

Condition: ☐ Same ☐ Improved ☐ Worsened
For ____

☐ EMG / NCV Study ☐ Ortho Consult ☐ PT _____ x / wk; x _____wks ☐ CT / MRI ☐ Neuro Consult

REHABILITATION P.T. / O.T.

NOTE FOR PT APPOINTMENTS: *Therapist may complete and sign only the portions below.*
Job Description Provided? ☐ Yes ☐ No Employee is: ☐ Improving ☐ Maintaining ☐ Regressing

TIME IN: _____ **TIME OUT:** _______ **NEXT APPOINTMENT: Date**__________________________ Time:__________

Physician Signature ______________________ Date __________

Physician Print Name ______________________ Phone __________

Address ______________ City ______________ State / ZIP __________

Clark County offers a Structured Return-to-Work Program to our injured/disabled employees during their medical recovery. We have identified numerous tasks (Temporary Work Assignments) which are available and are designed to accommodate *most* injuries. We will provide a detailed analysis of the temporary work offered to this employee based on your work restrictions. If you have questions or concerns, please contact our Workers' Compensation Department at (702) 455-4544, fax (702) 455-3084. Thank you for your cooperation.

REV. 07/21

PLEASE RETURN TO RISK MANAGEMENT